**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

BRIAN DONNELLY   *

    Plaintiff   *

                                            *   Civil Action No.: RDB 07-CV-1965

                                            *

SLINGSHOT SPORTS, LLC   *

    Defendant   *

             *   *   *   *   *   *   *

RETURN OF SERVICE

I served the following documents (check all that apply):

[X] summons
[X] complaint and any attachments
[ ] subpoena
[X] other - describe: <u>Interrogatories, Request for Production of Documents and
                 Notice of Deposition</u>

By (check method of service):

[ ] Personal - place served: _____
[X] Certified mail, return receipt - attach green card
[ ] Left copies at subject's dwelling house or usual place of abode with person of
    suitable age and discretion residing therein
[ ] Other - describe: _____

On (name of person or entity served): <u>Jeffrey Logosz</u>

Date of service: <u>August 13, 2007</u>

I declare under penalty of perjury under the laws of the United States that the foregoing information is true and correct.
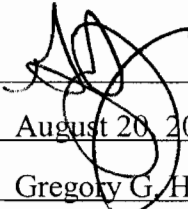
                 Signature of process server: _____

                 Date: <u>August 20, 2007</u>

                 Printed name of process server: <u>Gregory G. Hopper, Esq.</u>

                 Address of process server: <u>300 W. Pratt St., Suite 450, Balt., MD 21201</u>

                 Phone number of process server: <u>410-539-6633</u>

(Rev. 02/2001) Return of Service

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jeffrey Logosz
40 SW Cascade Avenue
#45
Stevenson, WA 98648

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X _J.R.Lly_   ☐ Agent   ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery

JOHN KRZAYE   5/13/07

D. Is delivery address different from item 1? ☒ Yes
   If YES, enter delivery address below: ☐ No

P.O. Box 759

3. Service Type
   ☒ Certified Mail   ☐ Express Mail
   ☐ Registered   ☒ Return Receipt for Merchandise
   ☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)   ☐ Yes

2. Article Number
   (Transfer from service label)

7006 0100 0000 2190 2910

PS Form 3811, February 2004   Domestic Return Receipt